

## CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Norman A Songey Office (if applicable) NLTFD District (if applicable) 775/831 761  
 Mailing Address (include city and zip code) POB 535 CRYSTAL BAY, NV 89402 Telephone No. 775/831 761  
 E-Mail Address nsongey@sbcglobal.net

Select Appropriate Box(es) ☐ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☐ Annual Filing - Due January 15, 2004

Period: January 1, 2003 - December 31, 2003

☒ Report #1 - Due August 31, 2004

Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug 26, 2004  
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug 26, 2004  
 All others Period: Jan. 1, 2004 - Aug. 26, 2004  
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug 26, 2004

☐ Report #2 Due - October 26, 2004

Period: Aug. 27, 2004 - Oct. 21, 2004

☐ Report #3 Due - January 15, 2005\*

Period: Oct. 22, 2004 - Dec. 31, 2004  
 Period: Oct. 22, 2004 - Dec. 5, 2004

BAGs only:

☐ Annual Filing - Due January 15, 2005

Period: January 1, 2004 - December 31, 2004

\* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2

## CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

3. Total Amount of Monetary Contributions Received  
(Add Lines 1 and 2)
4. Total Value of In Kind Contributions Received in Excess of \$100

This Period

Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

## EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100
6. Total Monetary Expenses Paid of \$100 or Less
7. Total Amount of All Monetary Expenses Paid  
(Add Lines 5 and 6)
8. Total Value of In Kind Expenses in Excess of \$100

## AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature Norman A Songey

Date

## CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Noeman A Songey Office (if applicable) \_\_\_\_\_ District (if applicable) \_\_\_\_\_  
POB 535 Crystal Bay, NV 89402 775 831-176  
 Mailing Address (include city and zip code) \_\_\_\_\_ Telephone No. \_\_\_\_\_  
nsongey@secglobal.net  
 E-Mail Address \_\_\_\_\_

Select Appropriate Box(es) ☐ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

- ☐ **Annual Filing - Due January 15, 2004**  
 Period: January 1, 2003 – December 31, 2003

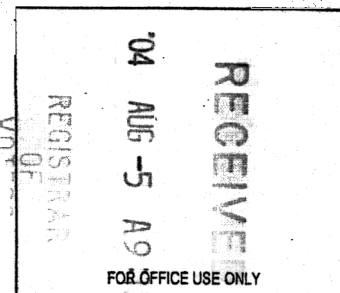
- ☐ **Report #1 — Due August 31, 2004**  
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## CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100  
 2. Total Monetary Contributions Received of \$100 or Less

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
0	0
0	0

3. Total Amount of Monetary Contributions Received  
 (Add Lines 1 and 2)  
 4. Total Value of In Kind Contributions Received in Excess of \$100

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
0	0
0	0

## EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100  
 6. Total Monetary Expenses Paid of \$100 or Less  
 7. Total Amount of All Monetary Expenses Paid  
 (Add Lines 5 and 6)  
 8. Total Value of In Kind Expenses in Excess of \$100

0	0
0	0
0	0

0	0
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## AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature Noeman A Songey

Date 7/29/04

## CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Norman A Songey Office (if applicable) \_\_\_\_\_ District (if applicable) \_\_\_\_\_  
 Mailing Address (include city and zip code) POB 535 Crystal Bay, NV 89402 Telephone No. \_\_\_\_\_  
 E-Mail Address nsongey@sbcglobal.net

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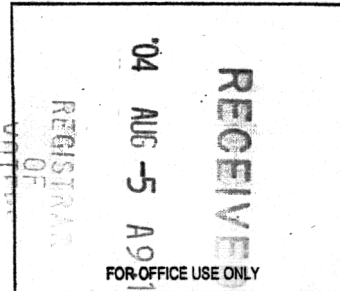
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**CONTRIBUTIONS SUMMARY**

Total Monetary Contributions Received in Excess of \$100

2. Total Monetary Contributions Received of \$100 or Less

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
0	0

3. Total Amount of Monetary Contributions Received

(Add Lines 1 and 2)

4. Total Value of In Kind Contributions Received in Excess of \$100

0	0
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**EXPENSES SUMMARY**

5. Total Monetary Expenses Paid in Excess of \$100

6. Total Monetary Expenses Paid of \$100 or Less

7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)

8. Total Value of In Kind Expenses in Excess of \$100

0	0
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**AFFIRMATION**

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Norman A Songey Date 7/29/04